Affidavit to Accompany Motion for Leave to Appeal in Forma Pauperis

District Court No	<u>. 1:04-cr-</u>	<u>-1036-103</u> 36-NM	i G
Appeal No07.	-1.5.75		

UNITED STATES OF AMERICA

Appellee,

v.

JULIO CARRION SANTIAGO
Appellant,

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 9-6. 2007

 $\frac{1}{2}$

My issues on appeal are:

To be determined by Appellant and future legal counsel.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthl the past 12 mon	y amount during ths	Amount expected next month		
Employment	You \$0.00	Spouse \$N/A	You \$_5.25_	Spouse \$N/A	
Self-employment	\$_0.00	\$N/A	\$ <u>0.00</u>	\$N/A	
Income from real property (such as rental income)	\$_0.00	\$N/A	\$_0.00_	\$N/A	
Interest and dividends	\$0.00	\$ <u>N/A</u>	\$_0.00 _	\$N/A	

N/A

Income source	Average monthly the past 12 mont	y amount during ths	Amount expected next month		
Gifts	You \$_0.00	Spouse \$_N/A	You \$ 0.00	Spouse	
Alimony	\$ 0.00	<u> </u>	<u>\$_0.00</u>	\$N/A	
Child support	<u>\$_0.00</u>	\$_N/A_	<u>\$_0.00</u>	\$N/A	
Retirement (such as social security, pensions, annuities insurance	<u>\$ 0.00</u>	\$N/A	<u>\$ 0.00</u>	\$N/A	
Disability (such as social security, insurance payment	\$ <u>0.00</u> s)	\$N/A	\$ 0.00	\$N/A	
Unemployment payments	\$0.00	\$N/A	<u>\$_0.00</u>	\$N / A	
Public-assistance (such as welfare)	\$	\$N/A	s	\$N/A	
Other (specify):	\$ <u>1,000.</u> 00	\$ <u>N/A</u>	\$_0,00	\$N/A	
Total Monthly income:	\$ <u>150.</u> 00	\$ N/A	\$ 5,25	\$N/A	
2. List your employment his other deductions)	•		,,,	-	
	dress owell, MA	1988-2004		onthly pay simately \$1500.00	
3. List your spouses's emplotaxes or other deductions)	yment history, mos	t recent employer fir	rst. (Gross month)	ly pay is before	
•	dress	Dates of Emplo	yment Gross m	onthly pay	

Financial Institution	Тур	e of Account	Amount you	have	Amount yo	ur spouse ha	
None \$0.00			\$		<u></u>		
			\$	_			
			\$	_	\$		
If you are a prisoner, y officer showing all recinstitutional accounts. multiple institutions, a	eipts, ex If you l	penditures, and ba nave multiple acco	lances durii unts, perhap	ng the l os becar	ast six mont use you have	hs in your	
5. List the assets, and the household furnishings.	ir values,	which you or your s	pouse owns. L	Do not li	st clothing an	d ordinary	
Home None		Other real estate None		Make &		one	
Motor Vehicle #2							
Make & year: Non							
Model:							
Registration#:				-			
6. State every person, busi							
Person owing you or you spouse money	ur	Amount owed to yo	ou	Amou	nt owed to ye	our spouse	
None		None			None		
			upport.				

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Rent or home mortgage payment (include lot rented	You \$0.00	Spouse \$_N/A
for mobile home) Are any real estate taxes included? □ Yes □ No Is property insurance included? □ Yes □ No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$0.00	\$N/A
Home maintenance (repairs and upkeep)	\$0.00	\$_N/A
Food	\$ 0.00	\$N/A
Clothing	\$0.00	\$ N/A_ _
Laundry and dry-cleaning	\$0.00	\$N/A
Medical and dental expenses	\$0.00	\$N/A
Transportation (not including motor vehicle payments)	\$0.00	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$0.00	\$N/A
Insurance (not deducted from wages or included in Mortgage payments)	\$0.00	\$N/A
Homeowner's or renter's	\$ 0.00	\$N/A
Life	\$ 0.00	\$N/A
Health	\$0.00	\$N/A
Motor Vehicle	\$ 0.00	\$ <u>N/A</u>
Other:	\$0.00	\$ <u>N/A</u>
Taxes (not deducted from wages or included in Mortgage payments)(specify):	\$0.00	\$ <u>N/A</u>
Installment payments	\$0.00	\$N/A
Motor Vehicle	\$0.00	S N/A
Credit card (name):	\$0.00	\$N/A
Department store (name):	\$0.00	\$N/A
Other:	\$0.00	\$N/A

Alimony, maintenance, and support paid to others	\$0.00	\$N/A
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$0.00	\$N/A
Other (specify):	\$_0.00	\$N/A_
Total monthly expenses:	\$ 0.00	\$N/A
9. Do you expect any major changes to your monthly income during the next 12 months? □ Yes ☑ No If yes, describe on a		r assets or liabilities
10. Have you paid — or will you be paying — an attorney a case, including the completion of this form? ☐ Yes ►No If yes, how much? \$	iny money for servic	es in connection with this
If yes, state the attorney's name, address, and telephone num		-
II. Have you paid — or will you be paying — anyone other typist) any money for services in connection with this case, in Yes ☑ No	than an attorney (si	
If yes, how much? \$		
If yes, state the person's name, address, and telephone number	er:	
		-

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I paid $J \circ h \bar{n}$ Ciciline to represent me at trial. This was all the money I had. I am now indigent and I cannot borrow to pay another attorney. I have been incarcerated for approximately three (3) years.

CERTIFICATION OF AUTHENTICITY

I, Anthony Harding, Case Manager - Bureau of Prisons - FCC (Low) in Petersburg, Virginia accessed by computer the last six (6) months financial activity of the account of Julio Carrion Santiago. Mr. Santiago's Registration Number is 71378-053.

The Account showed that Mr. Santiago had received \$906.00 in the past six months and that Mr. Santiago has spent \$610.35 year to date. Presently, Mr. Santiago, according to this report has a balance of \$235.65 left in his account.

This report was printed on August 28, 2007 at ll:19:29 AM. I repsectfully submit this information believing, to the best of my knowledge that the same is true and correct.

9/4/07

Date:

Anthony Harding

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9/4/07

Date:

Anthony Harding

Inmate Inquiry



Immate Reg #:

1.1378053

Current Institution:

Petersburg Complex FC1

Inmate Name:

SANTIAGO, JULIO

Housing Unit:

PET-1 -A

Report Date:

08/28/2007

Living Quarters:

L08-1241-

H-19:29 AM Report Time:

General Information

Account Balances

531119387

Commissary History

Commissary Restrictions

Comments

General Information

Administrative Hold Indicator:

No Power of Attorney:

Never Waive NSF Fee:

Max Allowed Deduction %: 100

> 2185 PIN:

PAC#: FRP Participation Status: Unassigned

> Arrived From: PEX

Transferred To:

Account Creation Date: 10/15/2004

Local Account Activation Date: 6/23/2007 10:37:36 AM

Sort Codes:

Last Account Update: 8/25/2007 2:13:27 PM

> Account Status: Active Phone Balance: \$8.94

FRP Plan Information

FRP Plan Type **Expected Amount Expected Rate**

Account Balances

Account Balance: \$235.65

Pre-Release Balance: \$0.00

Debt Encumbrance: \$0.00

SPO Encumbrance: \$0.00

Other Encumbrances: \$0.00 \$0.00

Outstanding Negotiable Instruments: Administrative Hold Balance: \$0.00

> Available Balance: \$235.65

National 6 Months Deposits: \$906.00

National 6 Months Withdrawals:

\$670.35

National 6 Months Avg Daily Balance: \$139.18

\$235.65

Average Balance - Prev. 30 Days:

Local Max. Balance - Prev. 30 Days:

\$86.11

Commissary History

Purchases

Validation Period Purchases: \$0.00

YTD Purchases: \$610.35

Last Sales Date: 8/21/2007 5:58:09 PM

SPO Information

SPO's this Month: 0 SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No

Weekly Revalidation: No

Spending Limit: \$290.00

Expended Spending Limit: \$0.00 Remaining Spending Limit: \$290.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00

Restricted Expended Amount: \$0.00

Restricted Remaining Spending Limit: \$0.00

Restriction Start Date: N/A Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Userid	Active		
Comments		· · · · · · · · · · · · · · · · · · ·	79-44-48-14-14-14-14-14-14-14-14-14-14-14-14-14-	ц-	PHART PARTY AND	The second section of the second section secti	
Comments:							